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ABSTRACT

Health problems impede the academic performance of many children. Schools are in a unique position to help their state's Medicaid and children's health insurance programs connect with parents who lack health insurance for their children. This guide provides suggestions for identifying eligible children, informing parents of free or low-cost insurance programs, and referring parents to their state's insurance program. Designed to help school districts participate in the outreach effort, the guide offers plans for several levels of involvement, from supporting the outreach efforts of others to conducting their own campaign. Part 1 of the guide outlines how schools can make health insurance available to students through: (1) distributing information about health insurance for children and adolescents; (2) identifying children who need health insurance; and (3) partnering with other agencies to secure health insurance for students. Part 2 lists resources for finding more information on developing health insurance outreach programs, including state contacts for Medicaid and state children's health insurance programs. Part 3 of the guide contains numerous tools, such as sample letters, tips on implementation, and prototype documents to support a district's selected outreach approach. (KB)

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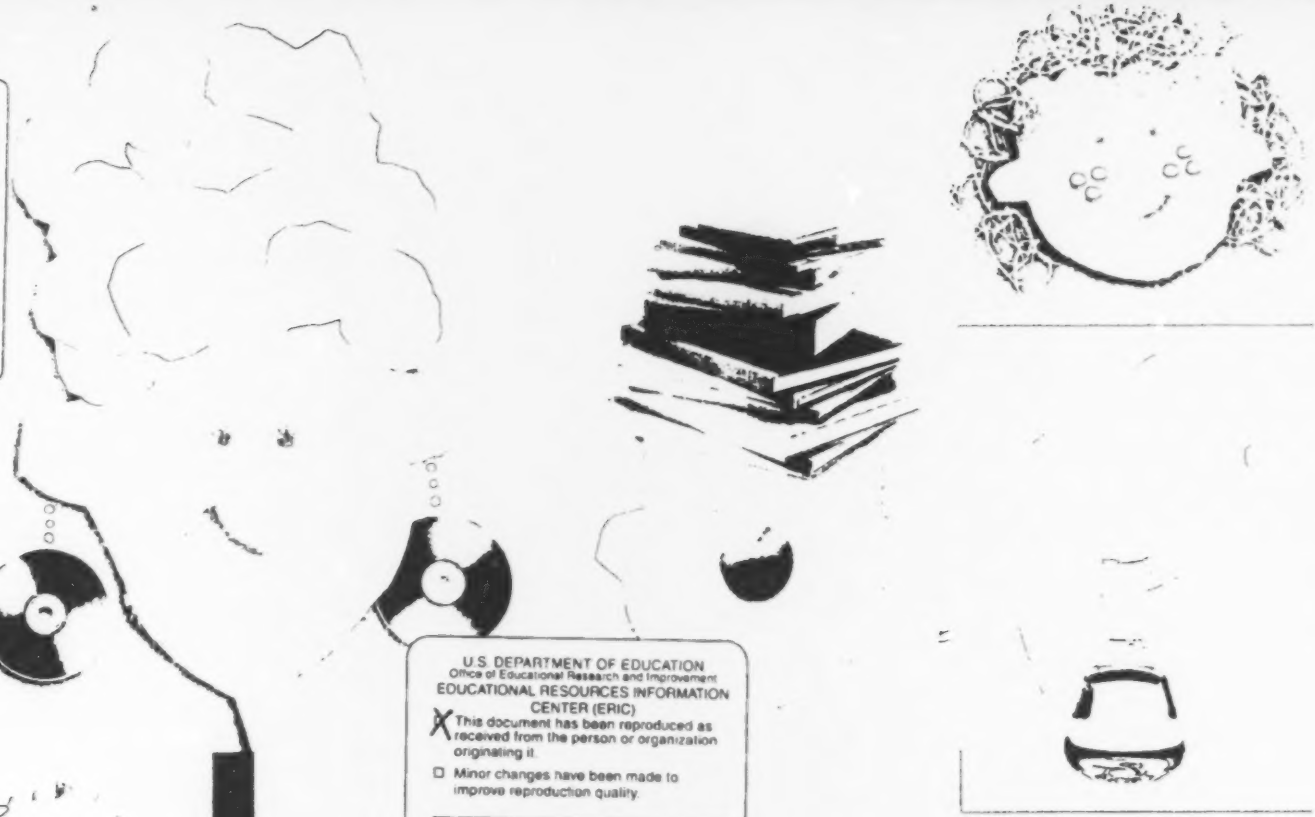

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HEALTHY CHILDREN ARE READY TO LEARN

Promoting health insurance

FOR YOUR STUDENTS

PS031121

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A STEP-BY-STEP GUIDE FOR SCHOOL DISTRICTS

HEALTHY CHILDREN ARE

READY TO LEARN

Promoting health insurance FOR YOUR STUDENTS

CREATED BY
THE U.S. DEPARTMENTS OF EDUCATION, AGRICULTURE, AND HEALTH AND HUMAN SERVICES
NOVEMBER 2000

One Superintendent's Story

The mission of San Diego City Schools is to improve student achievement by supporting teaching and learning in the classroom. Children who are not healthy cannot attend school or cannot learn at an optimal level when they are present.

In July 1998 when I became superintendent, it was estimated that 35,000 children in our district were without health insurance. To address this problem, a partnership was formed by the Department of Public Health for the County of San Diego, the Chief Executive of Children's Hospital, and the San Diego City Schools to launch a community initiative called HealthLink to assist parents in providing access to health care for their children.

As of February 2000 over 15,000 children within our district zip codes have been enrolled in either the Children's Health Insurance Program or the State Medi-Cal program. HealthLink has expanded to involve numerous health care providers, foundations, and community agencies with funds coming from foundations, the County Department of Health Services, and our district. Staff from community agencies assist families during school registration and open houses. Our health assistants are assigned to schools with a high percentage of students on free and reduced price lunch. They collaborate with the PTA to reach families and assist them with their application for health insurance coverage. Flyers and a health information card have been sent home.

Although an evaluation of HealthLink is not complete, our school nurses reported increased communication with children's physicians. Our goal for 2000-2001 is to reduce absenteeism due to asthma by 30 percent—a goal we can only reach when schools, health care professionals, parents, and students are working together. HealthLink is making this possible.

Alan Bersin
Superintendent

San Diego City Schools

Introduction

Healthier students. Better attendance. Improved performance. Better lifetime outcomes. These are the kinds of results every school district wants.

Now there's a program, the State Children's Health Insurance Program, that can help you get there—one that offers free or low-cost health insurance to more students than ever before, including students of working parents. It goes by different names, depending on the State. But this free or low-cost insurance, combined with your State's Medicaid program, can improve health care for the children your teachers see every day.

There's just one problem: Not all eligible kids are getting signed up.

That's where you can help—by making your school a place where parents of eligible children up to age 19 can be reached. This guide, created by the **U.S. Departments of Education, Agriculture, and Health and Human Services**, will show you how. Inside are straightforward, practical ways to identify eligible children, inform parents, and refer them to your State's free or low-cost health insurance program. How much your district undertakes is up to you. Beginning on page 7, this guide offers a plan for nearly every level of involvement, from supporting the outreach efforts of others to conducting your own campaign.

The payoff can be significant. If more parents are reached, more students will be enrolled in health insurance. Insured students have the opportunity to get preventive care and have access to a physician when it is necessary. As a result, they will miss fewer days of school, and be more likely to arrive at school ready to learn.

Why do children need health insurance?

Children without health insurance tend to suffer more from asthma, ear infections, and vision problems—all treatable conditions that interfere with classroom participation. For example, in a survey by the American Academy of Pediatrics, teachers reported that 12% of their students (and up to 18% in urban areas) have health problems that impede their academic performance.

And uninsured children and teens are less likely to have a regular source of medical care and are therefore less likely to visit a doctor for routine check ups. Parents of uninsured children are more likely to postpone health care or fail to fill a prescription for their children. This means more absences from school. Access to health care contributes to a child's academic achievement and success by reducing the number and length of school absences.

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What kind of free or low-cost health insurance is available?

Despite unprecedented economic growth and record employment in the United States, approximately 10 million children under age 19 lack health insurance coverage. Three out of five of these children, more than 6 million, live in families with household incomes below 200% of the Federal Poverty Level ($34,100 for a family of four in 2000).[1]

What's really amazing, though, is this: two government programs—Medicaid and the State Children's Health Insurance Program—currently offer coverage for most of those children. Funded by both the State and Federal governments, these two programs could cover millions more children—not just poor children but children in working families as well. In other words, the coverage is there. And it's affordable. What's missing are the kids.

Every State offers health insurance through both Medicaid for low-income families and the State Children's Health Insurance Program for working families. The program requirements and names vary from State to State.

Before 1996, low-income Americans obtained Medicaid through their eligibility for cash assistance programs, either through Aid to Families with Dependent Children (AFDC) in the case of single parents and children, or through the Supplemental Security Income program for disabled children and adults. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which reformed welfare, replaced AFDC with a new State-run Temporary Assistance for Needy Families (TANF) program and de-linked eligibility for cash assistance and eligibility for Medicaid. The bill ensured that all families who would formerly have qualified for Medicaid under a State's AFDC program would remain eligible for Medicaid.

In 1997, Congress created the Children's Health Insurance Program—the largest expansion of health insurance in 30 years—to reach children whose parents earn too much to qualify for Medicaid, yet not enough to afford private health insurance. Now that all State programs are up and running, State governments are putting their efforts into "outreach"—that is, promoting the programs and helping parents enroll their kids.

[1] U.S. Census Bureau, Current Population Survey, 2000

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The first 25 pages are **the heart of this guide.**

HOW TO USE THIS GUIDE

The first 25 pages are the heart of the guide. They outline what you and your staff in the school district can do to make health insurance available to more students in more of your schools. The remaining pages are designed to support whichever approach you choose to take. Step-by-step recommendations show you how to carry out the activities you select. Numerous back-up materials, such as sample letters, tips on implementation, resource lists, and prototype documents, are included.

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Here's where to find what you need

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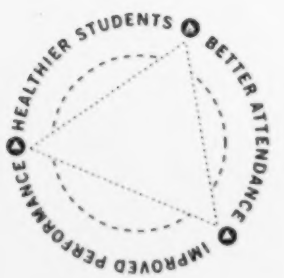
WHAT CAN YOU DO?

THE FIRST STEP

HERE'S WHAT YOU CAN DO TODAY...



What you can do today

Like most of your peers, you probably have a lot on your plate. Parents and lawmakers are pressing for stronger test scores. Teachers are pleading for a break in the workload. An increasingly diverse student body needs an increasingly diverse array of services.

You may be asking, "Why should I worry about kids' health insurance?" Because the payoff for schools—and for public health—can be significant. Healthier students. Better school attendance. Improved performance. ***You're in a position to help make these outcomes become a reality. By reaching parents today and helping them enroll their kids in health insurance, you are positioning your schools—and your students—to benefit for years to come. A small investment of time and money now could save you a lot of time and money years later.***

The U.S. Department of Education, the **U.S. Department of Health and Human Services**, and the **U.S. Department of Agriculture** produced this guide for school districts because research shows that schools are prime locations to reach the parents of uninsured youth. But the agencies realized that schools already face an array of challenges. The ideas in this guide may be "doable" for you and your schools. But probably not by you alone. Most successful school efforts have been done in collaboration with other community partners that contribute expertise and resources.

This section of the guide outlines some actions school districts can take to make schools effective outreach sites. These actions take minimal effort and build on something your schools already do often—*distribute information to parents*. Distributing information is not the same as having a strong outreach program. But it will position your district to be an effective outreach channel for others—such as enthusiastic parent volunteers, an active school or public health nurse or other interested health care provider, a helpful community-based organization, who can supply needed follow-up. Distributing information will also prepare you to kick-start the process even more if you choose to try some of the strategies in the following section ("**The Next Step**," page 15).

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Distributing information about health insurance for children and adolescents

Your schools distribute information to parents all the time—when they send out report cards, lunch menus, parent/teacher conference notices, field trip announcements, newsletters, and letters about class activities—and it's an ongoing, expected activity on which insurance outreach can build. Many States have created materials about their Medicaid and State Children's Health Insurance Programs, and these are available for distribution.

Providing information about your State's Medicaid and low-cost health insurance programs accomplishes several objectives. It:

- Raises awareness about the available programs,
- Gives parents access to a toll-free number to call (such as 1-800-KIDS-NOW),
- Encourages parents to talk with someone who can help them enroll,
- Makes parents feel that schools are concerned about their children's health and well-being.

Designate a coordinator. Districts that are seeing big gains in health insurance enrollment typically have a coordinator—someone inside the district office who is designated to work with others to conduct outreach in the schools. You can name someone to take on this task today. Everything you need for this is in the guide, including a sample job description (**Tool 1**). This coordinator can move the process along, act as a contact person, and serve as a go-between for the schools and the State health insurance programs.

It's particularly important for the coordinator to establish a strong working relationship with the local Medicaid office and with the State's Children's Health Insurance Program office (if it's separate from Medicaid). Send the name of the coordinator to the State Medicaid agency and the children's insurance program office.

Think about which schools you want to help first. Not every student needs or is eligible for free or low-cost health insurance. To use your limited resources as effectively as possible, try working with a handful of promising schools first. Make a list of the schools where two conditions are present:

1. An internal "champion"—a principal, school nurse, early education director, parent or community volunteer—who might spearhead an outreach effort and who has the credibility and authority to make it happen, and
2. A large group of children from lower income families.
   (See **Box 1** for more information on targeting appropriate schools.)

Box 1 Tips for targeting

1

Your outreach efforts are more likely to succeed if you focus your activities in the schools where they will have the most effect. This may be in schools with the largest number of low-income kids or schools where you know you have a "champion" to encourage and motivate other staff and administrators. Either way, once you have established a successful model, other schools in your district can easily follow suit.

How do you determine where to focus your outreach activities? Just keep reading.

TIP 1: Look at the big picture—then make it smaller.

To get your outreach focused, look at the communities in your district. Select schools in your district that are most likely to have children in need of health insurance or most likely to have families that fall below 200% of the Federal Poverty Level. The easiest way to identify these schools is to look at the percentage of children eligible for free and reduced price meals under the National School Lunch Program.

TIP 2: Find a leader to follow.

Of course children's health insurance is important to you, but so are a lot of other things. You'll need help in the schools you selected above. Or you will want to further narrow down the number of schools you start with, so that you can get some success and expand later. To do so, you need to identify a champion. An internal champion is someone who can capture the imagination of his or her colleagues and help them see that school involvement in insuring children is worthy and doable. This champion might be an enthusiastic principal. It may be a school nurse or an athletic director whose motivation is to get kids healthy. Someone in your selected schools may be ready to take on this role. If you think only one of your previously selected schools has a possible champion, at least you have some focus. Start with that school and watch what happens.

TIP 3: Help your schools find the right families.

Once the schools have been identified and you have one or more internal champions, the next step is to determine which of the parents in your target schools are most likely to need free or low-cost children's health insurance and will be open to receiving information about it. School staff will often know how to find these parents. But they may feel overwhelmed by the number of families that are in need. Help them get off to a manageable start by reaching out to low-income families carefully and in a targeted way. Don't overlook families employed in your school system, such as janitors and bus drivers: their children may also benefit from free or low-cost health insurance.

Help your schools consider what means you can use to reach these families. What languages do the majority speak? Do they visit the schools for parent/teacher conferences or report card pick-up day? The message is only effective if it actually reaches the audience.

If you can choose a handful of schools with many potentially eligible children and an enthusiastic internal champion, your initial efforts are likely to produce better returns. These could be the "pilot schools" you help first. Starting out with a few pilot sites, and effectively evaluating the results of your efforts could make the program a bigger success everywhere in the long term.

Create a contact list. Your coordinator can begin by quickly compiling a short list of the key contact people at your schools and other local organizations who should be kept informed of your efforts and perhaps approached for help. A worksheet is provided to make creating this contact list easy (**Tool 2**). This list is the basis for information dissemination efforts as well as working partnerships and might include school principals, school or public health nurses, school board members, or members of community organizations who are actively involved in the schools. Just setting up an e-mail listing (or list-serv) and sending an introductory e-mail may enlist a lot of help.

Pass along the "pull-out" school section. The last section of this guide is prepared specifically for you to send to your schools. It is a self-contained, easily photocopied piece that explains the steps schools can take on their own to help get their students insured. All you need to do is copy it and send it along with a cover letter. (A sample cover letter is in **Tool 3**.) You can send this to the principal or internal champion at every school in your district or just to those on your pilot list.

Order information from your State. You and others in the district will need to know more about the Medicaid and low-cost health insurance programs in your State. Materials can be passed along to your coordinator and eventually to personnel at the schools, especially those on the pilot list. Most States have materials you can distribute to parents. Ordering the materials is easy. Just call the contact person for your State listed on pages 37 to 44 in the **Resources** section.

Select a way to get your message out. Some parents will attend PTA meetings or school-sponsored sporting events; others may never enter the school. Think about what group of parents you want to reach (for example, a certain income group or a group of parents who share the same language). How do you reach them now? Figure out what kind of materials they are most likely to see and trust. It might be a letter from the principal or a poster on the gym wall. It might be several different types of material.

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Box 2	What you can get from your State agency

2

Here are some items that may be available from your State Medicaid or children's health insurance agency:

- State children's health insurance and Medicaid application forms (may be one combined form, depending on your State),
- Brochures on State Children's Health Insurance Programs and Medicaid,
- Promotional materials including flyers, posters, bumper stickers, table cards, tear off sheets,
- Descriptions of eligibility criteria and charts of income eligibility and monthly premiums,
- Prepared outreach packets specifically for schools,
- List of locations where eligibility workers are currently placed,
- List of community organizations that are currently involved in children's health insurance outreach,
- Some States may also provide a Medicaid enrollment worker to be placed in a school.

When possible, use the materials your State has already created. Here are some other ways to get the word out:

- Talk with parents whenever possible,
- Put a blurb in letters or forms that you have to send out anyway,
- Add a flyer in regular mailings to parents,
- Provide posters, flyers, and application forms in school offices and at special events,
- Have students help get the word out; send flyers home with elementary school students,
- Mention Medicaid and low-cost health insurance to community groups and faith communities.

If your State doesn't provide materials that exactly fit your school or the group of parents you want to reach, you may want to design your own. (See **Tool 4**, "Making Your Own Flyer".) To do this correctly takes time and money, and if you want the State Medicaid agency to pay part of the bill, you will have to justify why you created your own materials. So be sure you have thoroughly investigated available materials before deciding to make your own.

Disseminate the materials. You are now ready to get your message out. Whether outreach materials are available at school special events, mailed with the school free and reduced price school lunch application form, or sent home in backpacks, dissemination will take manpower. You will want to think through the process and work with your coordinator to recruit school staff and others to take on the various tasks. Don't forget the importance of targeting your message. You can save resources by focusing on schools with students you believe are most likely to need children's health insurance.

Demonstrate your leadership and endorsement. All your district activities and school efforts, no matter how small they start out, will be enhanced with your visible endorsement as a superintendent or administrator. Successful insurance outreach programs across the country have used staff recognition and community acknowledgement of success as the reward to school staff and outreach workers for their hard work. Your efforts will continue successfully throughout the year and beyond if your staff members know they will be recognized.

Consider doing a little bit more. The next section gives you several more activities to consider. Some might seem like more than you can take on right now. But other parts may fit very easily with what you're doing already. It is worth taking a few minutes to read and consider "**The Next Step**."

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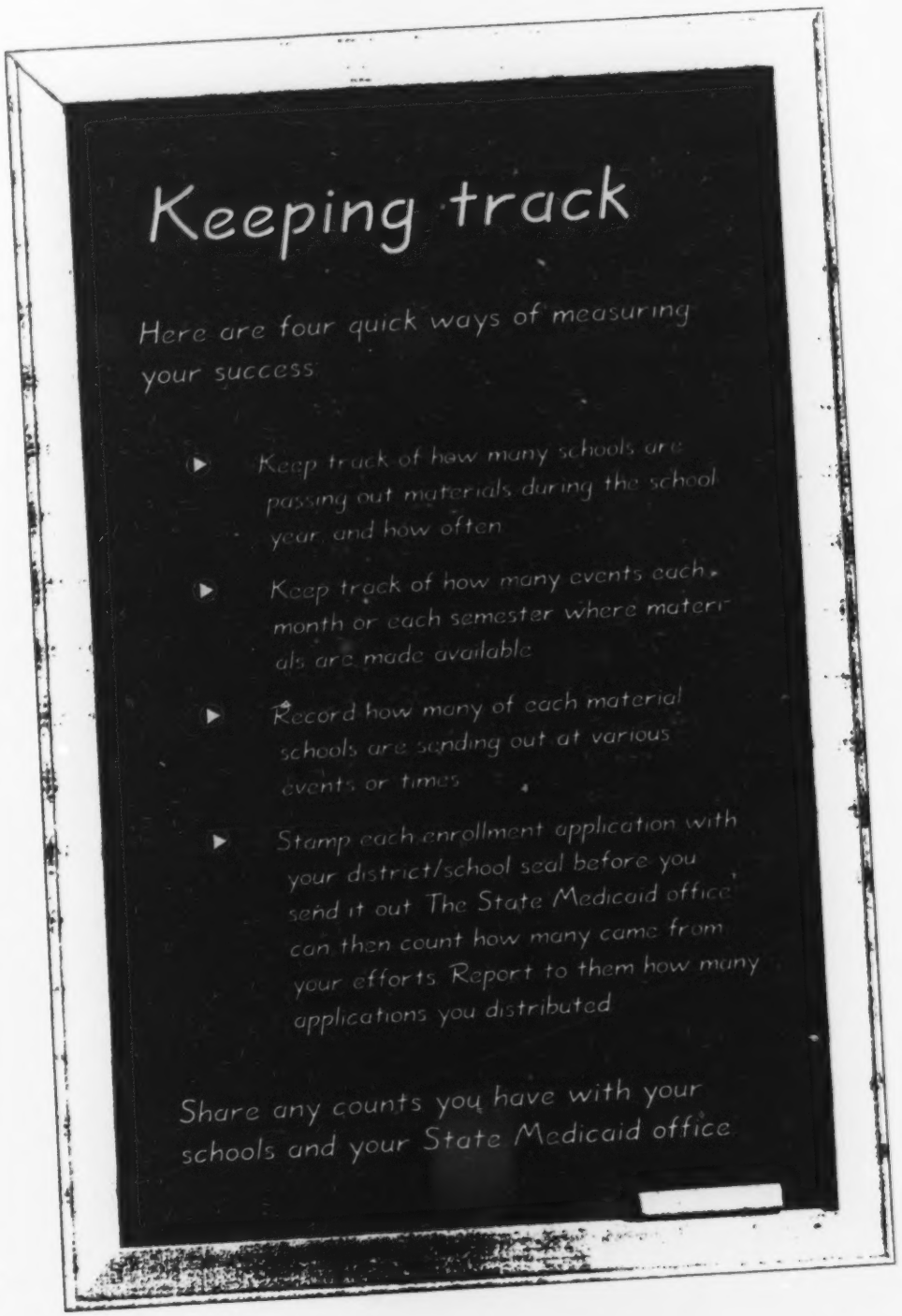
Keeping track
Here are four quick ways of measuring your success
Keep track of how many schools are passing out materials during the school year, and how often
Keep track of how many events each month or each semester where materials are made available
Record how many of each material schools are sending out at various events or times
Stamp each enrollment application with your district/school seal before you send it out. The State Medicaid office can then count how many came from your efforts. Report to them how many applications you distributed
Share any counts you have with your schools and your State Medicaid office.

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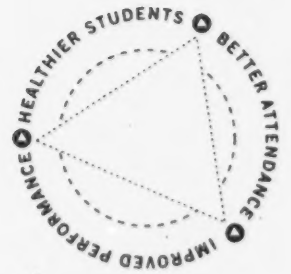
GET MORE ACTIVE

THE NEXT STEP

REACH MORE STUDENTS



Get more active, reach more students

Preparing your schools for outreach is great. But experience has shown that a little more effort can make a very big difference. Below are two additional ways school districts can take a more active role in helping their students secure health insurance.

Identify eligible children. School nurses, counselors, coaches, teachers, food service personnel, and community volunteers who work in your schools have relationships with the students in your district. If they know about the availability of Medicaid and the State children's health insurance program, they can be in a good position to identify which students are likely to need health insurance. Your district can also identify potentially eligible children through existing activities, like submission of emergency contact cards and free and reduced price school lunch application forms. With parental permission, you can pass this information to others to help enroll these children in Medicaid or low-cost health insurance.

Find partners to help. Many organizations currently doing outreach face a major barrier: they don't have easy access to families who may be eligible for children's health insurance. Schools, on the other hand, are a trusted and cost-effective channel leading directly to these families. Building partnerships with outreach workers in your community streamlines the process and gets results.

You probably know what would work best in your district. You can decide to pursue both of these approaches or just one. The two work best hand-in-hand: your schools identify potentially eligible kids, and your partners help these families enroll.

The approach your district decides to take is your decision. The key here, just as it is in distributing information, is to appoint a coordinator for the day-to-day activities and who could pair a workable approach with an internal champion—someone at the school or district level who is willing to lead the effort because he or she believes in its benefits. Your coordinator and internal champion may well be the same people as those you used for distributing information. Or you may find that others are more suited for these activities.

Once you have the right people involved, this guide will provide other needed tools—from sample flyers to a prototype letter of agreement. Of course, one of the most important resources is money. **Box 3** lists several potential sources of funding.

And if you want to go even further, the next section, "**Doing More**," provides descriptions of more ambitious efforts other districts have undertaken. Meanwhile, what follows are some step-by-step directions for each of the approaches mentioned above.

Box 3 | Where do we get the money?

3

It's an issue you probably face all the time: How do you pay for it all? Even if you know your students desperately need health insurance, you may be worried about the cost of reaching out to their parents. To address this, you can:

1. **Keep costs low.** Use existing resources. Community groups already signing up families for free or low-cost health insurance can be offered classrooms during back-to-school nights. Nurses already talking to parents can mention health insurance options. Packets already being distributed can include health insurance flyers created by your State.
2. **Find some money—or help.** Some States offer grants or have a program to reimburse school districts who hire application assistants. Medicaid administrative funds may be accessed in some cases. What's more, if you provide the setting (your schools), health providers, outstationed state workers, or community groups may be willing to do most of the work or provide assistance.

As in any area, funding for outreach can be limited and the restrictions somewhat confining. What's more, the rules and options vary by State. But, in general, many school districts have found certain strategies—such as partnering with community organizations, business groups, and health providers—to be easiest.

Below is a list of options for drawing money and resources into your outreach effort. Since each State offers different options, all of these options are not available everywhere. To learn more about what is available in your State, you may want to call the contact for your State Medicaid or children's health insurance office listed in the **Resources** section of this guide.

Develop a partnership. Many partners can bring enormous resources to an outreach campaign (see **Tools 7 and 8** about partnering). Some can also draw additional funds from the State or Federal government through your State Medicaid agency and others. By developing a relationship with a strong partner, you can reduce your fundraising efforts and the administrative burden of managing those funds.

Seek a State grant. Some States have developed mini-grant programs to help underwrite school-based outreach efforts. A program called Project TEACH in Tennessee, for example, pays for eight nurses to locate Medicaid-eligible students, enroll them in Medicaid, and match them with providers who accept Medicaid. The effort, underway in 42 of Tennessee's 139 school districts, has helped cut school district medical costs. Every State is different, so to learn about potential State grants in your area, call your State contact.

Get a certified application assistant underwritten with Medicaid or children's health insurance dollars. Some States offer fees to help with the costs of employing a certified application assistant, employees who can not only reach parents but enroll their children in free or low-cost

Box 3 | **Where do we get the money? (cont.)**

health insurance programs. Usually, these fees are paid for assistance provided to complete Medicaid or children's health insurance applications. In some places, districts have had to work closely with labor unions to work out a suitable arrangement for employing these types of outreach workers, who are not always highly paid. Call your State contact to explore what options are available.

3

Claim Federal matching funds under the Medicaid program. Your State Medicaid agency can help schools and other organizations cover the costs of outreach through administrative claiming under the Medicaid program. For example, the State Medicaid agency can accept claims for reimbursement from schools for the development of outreach materials and for that portion of an individual's time (for example, a school nurse or counselor) that is solely attributable to Medicaid outreach. Medicaid reimbursement is available for activities that are necessary for the proper and efficient administration of Medicaid. Claimable activities could include: compiling a list of children who are uninsured for purposes of conducting targeted Medicaid and children's health insurance outreach; contacting families of uninsured children to inform them of the availability of Medicaid and children's insurance; and providing application assistance to families who may be eligible for these programs.

To claim reimbursement for administrative costs such as outreach, your district does not have to be a Medicaid provider; however, an interagency agreement must be in place between the agency administering Medicaid and the school district or a unit of government that can represent the district, such as the State Education Agency. This agreement would reference the activities to be supported and methodology for developing the claims.

It is important for school districts seeking reimbursement for outreach to coordinate with others to avoid duplication in outreach efforts. For example, before creating your own brochures for distribution in your district, you should consult with the State Medicaid agency about the availability of materials that might be appropriate for distribution in schools. New guidelines on how schools and States can claim Federal matching funds for administrative activities such as school-based outreach under the Medicaid program will be released in the near future.

State Medicaid agencies are responsible for determining the best way to do outreach for Medicaid. State Medicaid (and children's insurance) agencies and schools should work together to determine the role schools can play in Medicaid and children's insurance outreach. Not all State Medicaid agencies have chosen to reimburse for outreach costs in schools. If you have questions about your options, ask your State Medicaid agency contact on pages 37-44.

Foundations and other charitable organizations. Several private foundations have created grant programs to help underwrite health insurance outreach efforts by school districts and community-based organizations. These include The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the Packard Foundation and local organizations, such as the Heart of America United Way in Kansas City and the St. Luke's Charitable Trust in Arizona. See the **Resources** section.

Identifying children

Determining who lacks health insurance in your school district may seem like an intimidating task. But it doesn't have to be. Here are three ways to identify potentially eligible students.

School lunch program. Students who qualify for free and reduced price school lunch under the U.S. Department of Agriculture's National School Lunch Program may not have health insurance and are likely to qualify for Medicaid or your State's Children's Health Insurance Program based on income. Some schools distribute flyers or insurance applications with their free and reduced price school lunch application forms. Some districts have altered their school lunch forms to include a check-off box on the free and reduced price school lunch application or on a separate form where parents can agree to waive confidentiality and request health insurance information. This has allowed schools to forward to the State Medicaid agency or the Children's Health Insurance Program the names and addresses of families who may be eligible for free or low-cost health insurance.

Beginning October 1, 2000, schools may disclose free and reduced price school lunch eligibility information to Medicaid and the State Children's Health Insurance Programs, unless the parent or guardian tells the school that they do not want their information shared. However, the school must notify parents prior to sharing the information with health insurance programs and give parents the opportunity to elect not to have their information shared with Medicaid and the children's insurance program. So instead of asking parents to check a box if they want more information about health insurance or want their information shared with State health insurance programs, schools can share the information with Medicaid and the children's insurance program unless the parent tells them otherwise.

However, both the State and the district's school food service must agree to do this, and there must be a written agreement between the school and the State or local agency or agencies administering health insurance programs for children. Check with your district's school food service director to discuss the best approach to use the National School Lunch Program as a vehicle for health insurance outreach and enrollment. Involve the State and local Medicaid and State children's insurance program agencies in these discussions.

Emergency contact cards. Many schools use contact cards to obtain information for use in case a student is injured or becomes ill. These cards often include information about a student's allergies, regular doctor, and health insurance. If your district uses these cards, you can adapt these cards to identify students who lack health insurance and obtain parental permission to pass along names to your State Medicaid agency or other outreach partner. An outreach worker can follow up and offer to enroll qualified families in the health insurance programs. **Tool 6** provides a sample emergency contact card.

Box 4 Linking up with the National School Lunch Program

Can your district coordinate with the school lunch program? Each State and district faces different barriers, depending on State regulations and district demographics, but the basic steps are below.

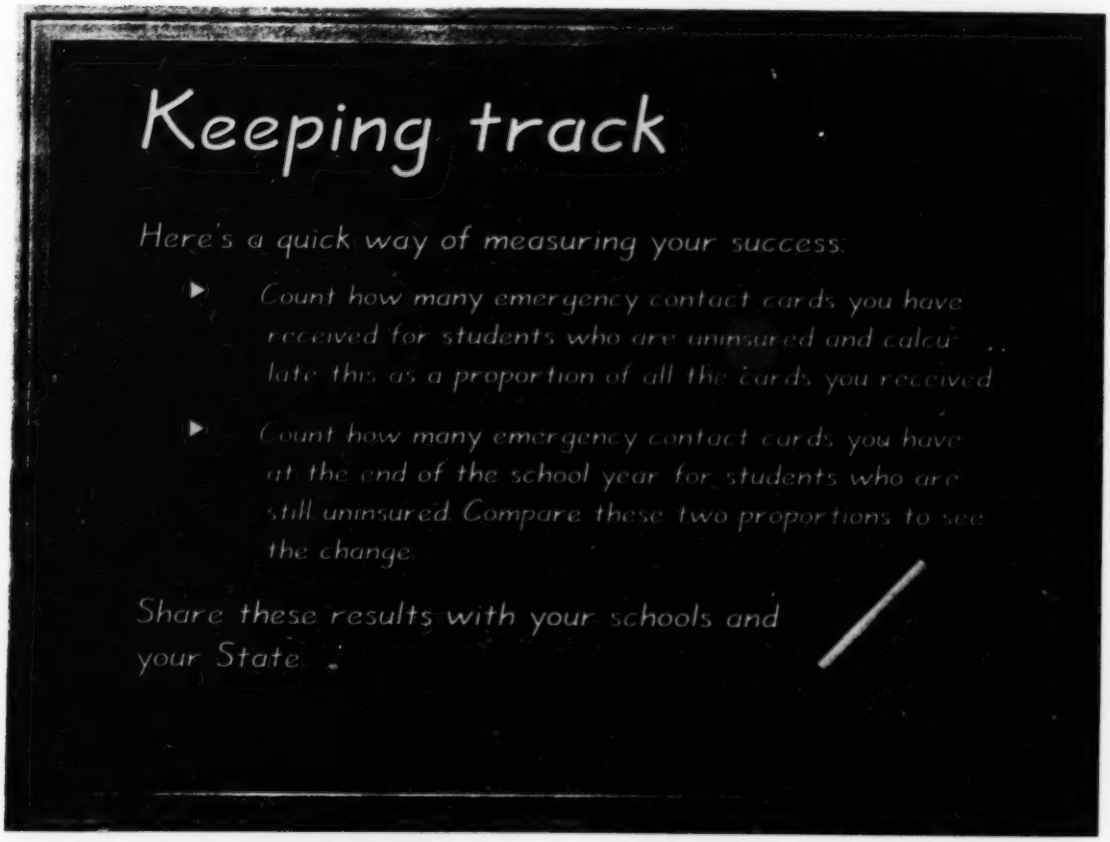
4

Figure out the best approach. Your district school outreach coordinator should work with the district food service director and your State and local health insurance agencies to first determine the best approach based on available resources. One option is to distribute health insurance information or the health insurance application at the same time as the application for free and reduced price meals is distributed. Since the free and reduced price lunch application goes to all households in the school, this approach has the advantage of reaching all households with health insurance information. Health insurance information can also be included when households are notified of their children's eligibility for free and reduced lunches. This targeted opportunity to inform families about your State's fee and low-cost health insurance programs is efficient and often extremely successful.

Contact your Medicaid or Children's Health Insurance Program agency to order brochures or other information that can be included when you disseminate information about the National School Lunch Program. You can reduce mailing costs by doubling up the purposes of your mailings, by including health insurance flyers and directing families to a local health care agency for more information.

Check with your district school food service director to see if your State Child Nutrition Agency and district school food service has elected to share free and reduced price eligibility information with Medicaid and the State Children's Health Insurance Program. If so, there must be a written agreement between the school and the State or local agency or agencies that administer health insurance programs. The agreement will probably include what information will be shared, such as names and addresses of children eligible for free and reduced price meals or a copy of the application, and how the information will be transferred. Households must be notified that their names and free and reduced price meal eligibility information may be shared, and parents must be given the opportunity to decline to have their information shared. Schools may include the notification on the free and reduced price meal application or on a separate notice. School food service staff will identify those households that do not want their free and reduced lunch eligibility information disclosed to Medicaid. School food service and the health insurance program must develop a system to transfer the information to the appropriate health insurance officials. This approach targets children from households at or below 185 percent of poverty, who therefore are potentially eligible for Medicaid or low-cost health insurance.

Remember you must obtain parental permission to pass along the names of potential enrollees. And families are more likely to enroll if someone follows up to give more information and assistance. For more on follow up, see **Box 5**.


Keeping track
Here's a quick way of measuring your success:
Count how many emergency contact cards you have received for students who are uninsured and calculate this as a proportion of all the cards you received.
Count how many emergency contact cards you have at the end of the school year for students who are still uninsured. Compare these two proportions to see the change.
Share these results with your schools and your State.

Targeting low-income children. One of the least expensive ways to identify children who may be eligible for your State's children's health insurance is simple communication. By keeping your key staff, such as school nurses, informed, you can often identify children through your everyday efforts. After all, your staff has built relationships with the students in your schools. They know which kids are likely not to have insurance and which families may be open to receiving insurance information. Nurses, coaches, social workers, and guidance counselors may all be able to identify uninsured children in your district. Once again, someone will have to follow up once the students are identified.

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Box 5 | Your schools know which kids need health insurance: Now what?

5

Whether by checking health emergency contact cards, reviewing free and reduced price school lunch applications, or simply talking with parents and kids in the nurse's office, your school staff will begin to know which families may need health insurance for their kids. The most important thing to do next is arrange for some kind of follow up so that these families can get more information and then enroll.

Schools are often too busy and overworked, as is your district office, to do the necessary back and forth work to help a family get through the enrollment process. Passing names on to some other agency that can help the family will ease the burden on your schools and still get the family the help they need. As mentioned earlier, these outreach partners could be:

- The State Medicaid agency or its outreach workers,
- A hospital provider group with whom you are working,
- A community-based organization with whom you are partnering.

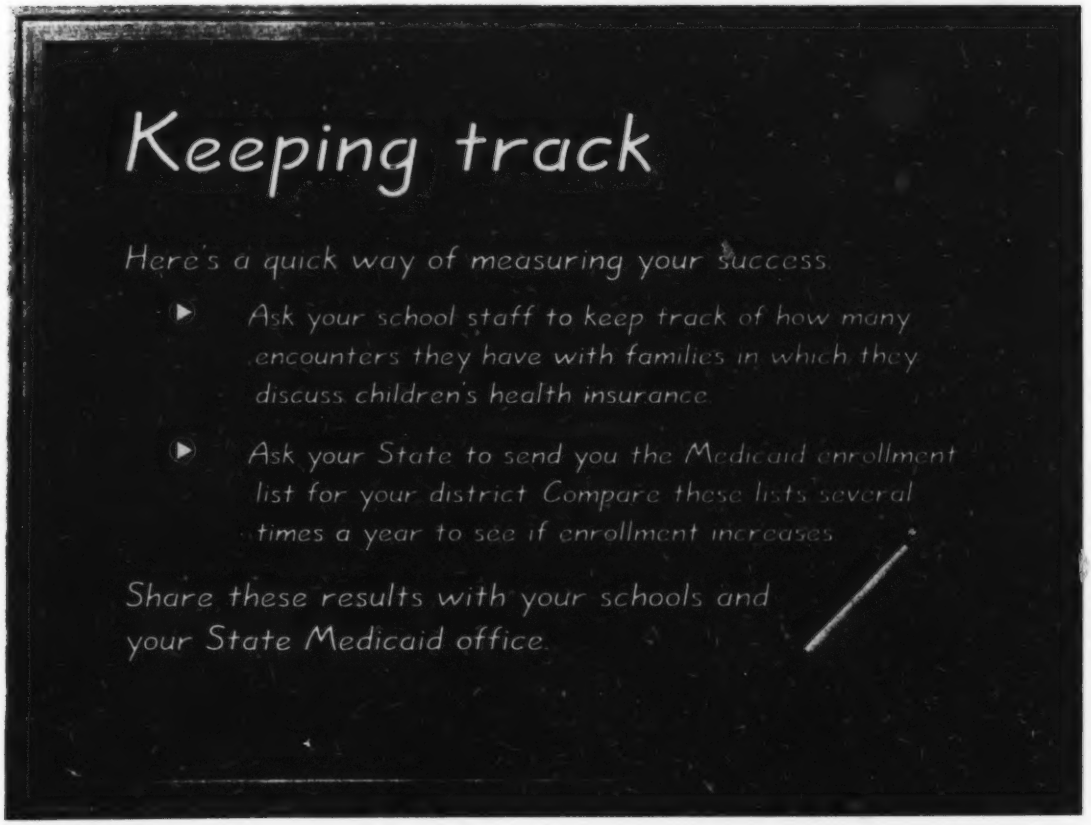
Before passing family names and contact information on to these groups, be sure that you respect confidentiality and have obtained parental permission to pass on this information, as indicated by a parent or guardian's signature.

Here are some options for what to do next:

- **Send each family a packet of information.** If you are not ready to pass on family information to an outreach partner, or you are not comfortable doing so, your schools can take the initiative by sending the families a packet of information about children's health insurance and encourage the family to call your State's toll-free number for help in enrolling.
- **Create a database or other system of tracking.** To better help families through the enrollment process, your schools or your partner organization can create a database of families. This database can then be updated and used to track families to be sure they get enrolled and stay enrolled.
- **Pass on the database or other tracking system to a partner.** The most effective way to follow up is to find a partner who can take the family contact information and do all that is necessary to get the children enrolled. For example, your partner can mail out information (if your school hasn't done so already); then an outreach worker can call the family, answer their questions, help them determine eligibility, and help them gather all the documentation for the application. The partner organization can check the status of the application with the Medicaid agency and inform families of missing information or successful enrollment. Finally, such a partner can help the family negotiate the health care system when the children need to get health care. To ensure confidentiality, you will need to put strict security protocols in place.

All your efforts to identify children in need of health insurance won't work if someone isn't there to help the family get enrolled. Take advantage of other organizations' experience and enthusiasm for outreach and link them to the families you know are in need.

School districts may want to consider asking the local health department or a local outreach organization (such as a Covering Kids grantee) to conduct a brief orientation for relevant school staff. This orientation session should cover the basics of the application process, and who is eligible.


Keeping track
Here's a quick way of measuring your success.
Ask your school staff to keep track of how many encounters they have with families in which they discuss children's health insurance.
Ask your State to send you the Medicaid enrollment list for your district. Compare these lists several times a year to see if enrollment increases.
Share these results with your schools and your State Medicaid office.

Partnering

Why do it alone when there are others ready to help? Your schools may be able to identify and disseminate insurance information, but resources are often scarce when it comes to other activities associated with enrollment. Partnering with other community-based groups familiar with the insurance program can help close the gaps.

What can these partners do? These agencies can provide you with many of the resources and skills you need to get the job done: funding, training, technical assistance, printed materials, feedback, and so much more. One of the most effective ways to secure health insurance for your students is to place an application assistant or outreach worker in your schools from time to time to offer direct assistance to families in completing the enrollment application. A partner could provide invaluable assistance.

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The most important partner is your State's Medicaid agency. In some states, a separate agency administers the low-cost children's health insurance program, another key partner. In addition to what's mentioned above, this agency may also put in place an interagency agreement with your district and reimburse you for some of your outreach activities. Consider other partners as well, such as community or social service agencies, local health providers, local hospitals, clinics, or faith communities. (Wondering what organizations to consider? See **Tool 7**.)

The following steps can help you find the right partner for your school district.

Plan your strategy

To build strong partnerships, you should first stop and consider what needs your outreach program has and what type of partner could complement your skills to reach kids. Be clear about the purpose or goal of the partnership and which government agencies, health care providers, or organizations you want to work with. Because Medicaid and children's health insurance are State programs, schools need to be aligned closely with them to do outreach/enrollment assistance. Review your district guidelines on working with outside entities.

Learn about the potential partners in your district. Who are the health care providers, social service agencies, and community organizations in your district? What are their goals, vision, and values? How much experience do they have reaching and working with families? What kind of resources and skills will they bring to the table? How do families and the community at large see the organizations?

To identify organizations or providers with experience in Medicaid outreach and the low-cost insurance program, call your state Medicaid agency and ask for organizations that have received funding for outreach. (See the State contact list in the **Resources** and more partnering information in the **Tools**.) The Robert Wood Johnson Foundation's Covering Kids program has grantees in every state, many with relevant outreach experience and capabilities. Ask your State Medicaid agency or visit *www.coveringkids.org*.

Initiate a relationship

Approach or be open to being approached by potential partners. Arrange meetings, attend community meetings, or allow time to discuss the partnership. Before starting anew, assess whether you can use or build on relationships your schools already have.

Once you have determined a possible partner, think about who else from your district needs to be at the table to guide your district's role in the partnership. Allow enough time for the organization to think about the implications of a partnership and get your board's or other approvals.

Keep communication open and let all the players know that their participation is important. Meet with the organization to formally establish your working partnership.

Establish the partnership

Establish clear, measurable objectives for the partnership and make sure they are realistic to all partners.

Share with each other the benefits of the partnership and the costs. How will this partnership help your district? What's in it for the partner organization?

Be clear about how you want to work together, each bringing skills, strengths, and resources to the partnership. Will you:

- Collect and share information only (internally or with the community at large)?
- Share control with the partner?
- Allow the partner to take the lead?

Define how long you will work together (one school year, or a long-term commitment?). A longer-term commitment will allow your outreach work to continue uninterrupted and may serve the families in your district better if disenrollment from the health insurance program is common.

Define your priorities so each partner understands the other. In addition, you will need to come to consensus with your partner(s) on which families you want to target. Which children are eligible for children's health insurance? Then determine which schools and communities will be targeted (see **Box 1**, page 10).

Most importantly, plan your next steps. Which activities will be undertaken by your partnership, and who will be responsible for what? **Tool 8** shows possible examples of the division of labor.

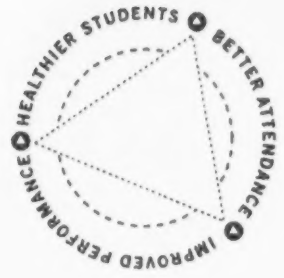
Finally, put your partnership in writing. This can be as simple as a letter outlining your agreement or a formal memorandum of understanding that outlines the guiding principles of the partnership and the roles and contributions of each partner. Have all partners sign it. (**Tool 9** is a sample letter of agreement.)

Work together

Share the partnership objectives, schedules, and other contents of the letter of agreement with all staff who will work together to implement the outreach program. Assign a representative (such as your coordinator) to ensure that the program is progressing as planned. Assess progress against your objectives on a regular basis.

It is important that the relationship be built on mutual respect, understanding, and trust. Be able to meet your part of the partnership. Be flexible when responding to community circumstances and compromise when necessary. Plan for open and frequent interaction, information sharing, and discussion, and be sure to identify informal and formal channels of communication.

DOING MORE


HEALTHIER STUDENTS
BETTER ATTENDANCE
IMPROVED PERFORMANCE

Doing more

Some school districts may be able to do all of the things listed above—and more. There is no exact answer for what might work in your schools. Your district may want to partner with a health agency in your community to facilitate enrollment. Another district may have the resources to hire its own outreach worker or more staff. You may even combine the above options to form your own hybrid outreach program. Below are examples from four school districts that have taken creative, pro-active steps to help kids get health insurance. Maybe one of their strategies can work for you.

Hire specific outreach staff. Hiring an outreach worker may be easier than you think. In districts in San Diego County, certified application assistants trained by the State agency are working in schools to help enroll students in Medicaid and low-cost children's health insurance. The application assistants work full time at participating schools for a defined period of time and are salaried under a State grant. In addition, schools receive $50 from the State for each completed application. By working directly with each school nurse, outreach is also coordinated to fit the needs of each school.

Designate existing staff to do outreach. In Delaware, the Brandywine School District has committed itself to insuring its children. In 11 elementary schools in the district, school nurses are leading the outreach activities. These existing staff are responsible for mailing out letters and applications to parents whose children's emergency contact cards have incomplete health insurance information. A few months later, the nurses contact these families to determine if parents need assistance with the application process.

Create integrated partnerships. Integrating multiple partners into your district activities can lead to long-term success. In the Chicago Public Schools (CPS), integrated partnerships have allowed the district to expand its outreach activities and establish a hugely successful program.

In the CPS system, parents must pick up their children's report card in person. This has been a great opportunity to reach potentially eligible families. With the help of the Illinois Medicaid agency, more than 2,000 workers were trained to staff tables and assist families with the application form on Report Card Pick-Up Day.

CPS has also partnered with the Illinois Department of Public Aid to establish designated experts in their schools to help parents fill out application forms. In addition, they have established six regional KidCare centers, staffed by 12 outreach workers (who are CPS employees) located within schools so parents can receive help completing the application during the year.

Seek state grants. Limited resources are often the biggest barrier to carrying out outreach activities. State funds are one source of support and are accessible in several ways. In some States, mini-grants are awarded to promising outreach proposals. In a few States, set fees are paid to qualified entities when submitted applications are approved. The Patagonia School District in Arizona received a grant from the State to reach more than 200 families in Patagonia and the surrounding rural areas. School nurses and outreach workers make home visits to families to determine eligibility and help with enrollment.

I still want more information

This guide offers a lot of ideas, but some school districts may want to know even more. Here are some places to find out more about securing health insurance for your students:

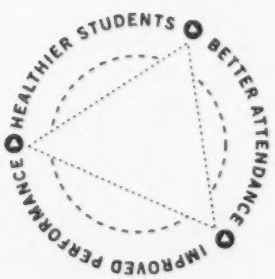
- Check out a recent report to the President on health insurance outreach in schools, prepared by the departments that put together this guide, at *www.hcfa.gov/childhealth/school/sbrpt700.pdf*,
- Check out the two companion guides to this one. One is addressed to State agencies to help them link up with school districts, and the other is for health care providers to help them work in the schools. You can find them at *www.insurekidsnow.gov*,
- Check out the other Web sites listed in the **Resource** section of this guide. These are some of the other organizations working on health insurance outreach in schools and communities,
- Use the contact information in this book to talk with your State agency about your State's programs.

We hope this guide has been helpful. For updates, please check the associated Web page as well as ***www.hcfa.gov/init/outreach/examples.htm***. You can also use this site to offer your own ideas and stories. Soon, we hope, we will be publicizing success stories about your students—once they're insured and healthier, and fully ready to learn!

RESOURCES

INFO

AND STATE CONTACTS



Resources

For more information on outreach, contact the following organizations.

Insure Kids Now!

www.insurekidsnow.gov

The Insure Kids Now! Campaign, sponsored by the U.S. Department of Health and Human Resources, the National Governor's Association, and the White House, focuses on promoting a national toll-free number, 1-877-KIDS-NOW. By calling this hotline, families are forwarded to their State hotline and can receive an application for low-cost children's health insurance and assistance in filling it out.

The Web site provides information on the campaign, outreach materials, and a link to each State's insurance program site. You can also view multimedia presentations on the benefits of health insurance for children.

This guide, as well as the two companion guides listed below, are found on this site:

- Ready to Learn: A Guide for State Agencies Doing School-Based Outreach for Medicaid and SCHIP
- Getting Students Insured: Working with Schools to Enroll Eligible Children (A Guide for Health Care Organizations and Providers)

The campaign also has a kit to help you do community presentations. The Insure Kids Now! Kit includes an overhead presentation with talking points about low-cost children's health insurance, posters and ads, and a fact sheet for the families. To create your own materials, a CD-ROM with all the images and ads is also included. Each kit costs $50.00. Contact Brenda Bell at the Academy for Educational Development to order: 202-884-8716 or *bbell@aed.org*.

Covering Kids

www.coverkids.org

The Robert Wood Johnson Foundation funds grantees in every State to design and conduct programs that identify and enroll eligible children into Medicaid and other coverage programs, simplify enrollment processes, and coordinate existing coverage programs for low-income children. This initiative, called Covering Kids, provides grants to local communities to do outreach in many arenas.

The outreach section of the Web site provides an extensive list of activities used by Covering Kids grantees to enroll families in their State children's health insurance program. Several activities also include "how to" links.

Health Care Financing Administration (HCFA)

www.hcfa.gov/init/children.htm

HCFA is the Federal agency that administers Medicaid and State Children's Health Insurance Programs.

The Report to the President about outreach in schools, on which this guide is based, can be found on this site, at *www.hcfa.gov/childhealth/school/shrpt700.pdf*.

HCFA's outreach information clearinghouse provides a forum for exchange for States, community-based organizations, children's groups, and other parties interested in outreach for low-cost children's health insurance. It can be accessed at the following address: *www.hcfa.gov/init/outreach/outhome.htm*.

Health Resources and Services Administration (HRSA)

www.hrsa.gov/childhealth/

HRSA directs national health programs to improve the health of the nation by assuring quality health care to underserved, vulnerable, and special-need populations. HRSA is especially interested in studying and evaluating Medicaid and State Children's Health Insurance Programs to ensure quality programs.

You can access the following articles from the HRSA Web site:

- **Reaching Our Children: A Compendium of Outreach Models**
  Provides strategies to increase enrollment in public health insurance programs, and provides a description of the community-based programs that focus on increasing access to primary and preventive services for children.
- **Successful Outreach Strategies: Ten Programs that Link Children to Health Services**
  Discusses barriers to enrolling children in health insurance programs, strategies for reducing barriers, and examples of effective programs.

Center on Budget and Policy Priorities

www.cbpp.org

The Center on Budget and Policy Priorities conducts research on government policies that affect low- and moderate-income individuals.

The following articles can be accessed from the CBPP Web site:

- **Sources of Federal Funding for Children's Health Insurance Outreach**
- **How Health Care Providers Can Help Link Children to Free and Low-Cost Health Insurance Programs**
- **Community-Based Organization: Paving the Way to Children's Health Insurance Coverage**
  The article describes basic principles and approaches to consider for a local outreach campaign.
- **Start Healthy, Stay Healthy Kit**
  Includes a guide to creative outreach strategies, outreach materials and an income eligibility-screening tool. To order the guide, go to *www.cbpp.org/shsh/order.htm*.

Children's Defense Fund

www.childrensdefense.org/signup/index.html

The Children's Defense Fund seeks to Leave No Child Behind and to ensure every child has a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life.

The following articles can be found on the CDF Web site:

- **What's Working for Children's Health**
  A series of case studies on promising approaches to outreach and enrollment in low-cost health insurance and Medicaid. Examples include New York's SHOUT project and Report Card Pick-Up Day in Chicago.
- **CHIP Toolkit: A Community Guide to Enrolling Children in Free and Low-Cost Health Insurance Program**
  This guide for community-based organizations provides information on how to organize outreach campaigns on the local level, and suggests ways to engage schools, faith groups, small businesses, and others. The kit includes a flyer on low-cost health insurance and a fact sheet on uninsured children. You can also order copies of the kit by faxing our request to 202-662-3550 or by email to bjones@childrensdefense.org. The first five copies of the kit are free.

To receive regular e-mail updates from the Children's Defense Fund on children's health visit the Web site: *www.childrensdefense.org/listserv_chip.html* and follow the directions at the bottom of the page.

Kaiser Family Foundation

www.kff.org

The Kaiser Family Foundation's Commission on Medicaid and the Uninsured has several articles that analyze health care coverage and access to care for low-income populations.

The following articles can be found on the foundation's Web site:

- **Medicaid and Children: Overcoming Barriers to Enrollment. Findings from a National Survey**
  The survey findings present a profile of low-income, Medicaid-eligible children; parents' Medicaid knowledge; and perceptions, key barriers to enrollment, and preferred strategies for improving enrollment.

- **Enrolling Uninsured Children in Medicaid and CHIP**
  This fact sheet outlines issues in outreach and enrollment for Medicaid and low-cost children's health insurance, drawing from lessons learned through a national survey on Medicaid enrollment barriers. It provides a profile of eligible but uninsured children, discusses the greatest barriers to enrollment, and offers strategies to improve enrollment.

- **Uninsured in America: A Chart Book**
  This chart book provides a comprehensive portrayal of information related to the uninsured, including trends and major shifts in coverage, a profile of the uninsured, an assessment of why so many Americans are uninsured, and data documenting the difference that health insurance makes in the lives of Americans.

Families USA

www.familiesusa.org

Families USA is an organization dedicated to the achievement of high-quality, affordable health care for all Americans.

- **Promising Ideas in Children's Health Insurance: Coordination with School Lunch Programs**
  Discusses the advantages and disadvantages of coordinating outreach with the National School Lunch Program.

- **Immigrants and the Medicaid and CHIP Programs**
  This fact sheet discusses eligibility issues relating to health care access for the immigrant population.

Visit the following Web site to join the Families USA list-serv, and receive updates on Medicaid and child health expansion: *http://www.familiesusa.org/list.htm*.

American Academy of Pediatrics

www.aap.org

The American Academy of Pediatrics is committed to ensuring the health, safety, and well being of infants, children, adolescents, and young adults.

- **Health Insurance Access through Schools**
  Describes a school-based outreach project with application assistance for Medicaid and low-cost children's health insurance. This project could be adapted for implementation in other schools.

- **San Diego Kids Health Assurance Network**
  Describes a program that links uninsured children with health insurance and health care providers. Web links are available to outreach lessons and to brochures in English and Spanish.

AAP provides regular updates on low-cost children's health insurance. To receive these updates, subscribe at *www.aap.org/cgi-bin/schip/subscribe-schip.cfm*.

Your State contacts for Medicaid and low-cost children's health insurance

ALABAMA
Medicaid, ALL Kids
1-888-373-5437
www.alapubhealth.org

Gretel Felton
State of Alabama Medicaid Agency
P. O. Box 5624
Montgomery, AL 36130-5624
334-242-1720

Fern Shinbaum
Alabama Department of Public Health
P. O. Box 303017
Montgomery, AL 36130-3017
334-206-5568
fern.shinbaum@adph.state.al.us

ALASKA
Medicaid, Denali Kidcare
1-888-318-8890
www.hss.state.ak.us/dma/denali.htm

Deborah K. Smith,
Program Coordinator
P. O. Box 110601
Juneau, AK 99811-0601
907-465-1696
fax 907-465-3068
deborah_smith@health.state.ak.us

AMERICAN SAMOA
Medicaid

Aneterea (Andy) Puletasi
Medicaid Director
L. B. J. Tropical Medical Center
Pago Pago, American Samoa 96799
011-684-633-4590
fax 011-684-633-1869

ARIZONA
KidsCare
1-877-764-5437
1-877-764-KIDS

Diane Ross (Acting Coordinator)
Assistant Director of Division of Member Services
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, AZ 85034
602-417-4590

ARKANSAS
ARKids 1st
1-888-474-8275

John Kennedy
Division of Medical Services
P. O. Box 1437, Slot 1103
Little Rock, AR 72203
501-682-6728
fax 501-682-6087
john.kennedy@mail.state.ar.us

CALIFORNIA
Medi-Cal for Children, Healthy Families
1-888-747-1222
www.healthyfamilies.ca.gov

Nancy Gelbard
Chief of School Health Connections
714 P Street
Sacramento, CA 95814
916-657-0062
fax 916-657-2498

COLORADO
Child Health Plan +
1-800-359-1991
www.cchp.org

Tiffany Anderson
Child Health Advocates
700 S. Ash Street, Suite B105
Denver, CO 80246
303-691-7628
fax 303-692-0876
tiffany.anderson@cchp.org

Phyllis Albritton
Consultant to the Department of Health
for State Children's Health Insurance
Marketing and Strategies
303-670-5865
pma@indra.com

CONNECTICUT
The HUSKY Plan
1-877-284-8759
TDD 1-800-842-4524
www.huskyhealth.com

David Dearborn
Outreach Coordinator for HUSKY
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
860-424-5024
david.dearborn@po.state.ct.us

DELAWARE
Medicaid, Delaware Healthy Children Program
1-800-996-9969
www.state.de.us/dhss/dss/xxi_summ.doc

Barbara Hanson
Medicaid Chief Administrator
DE Department of Health and Social Services
Division of Social Services
Medical Assistance Programs
1901 N. DuPont Highway, Lewis Building
New Castle, DE 19720
302-577-4880, ext.146
fax 302-577-4899
bhanson@state.de.us

DISTRICT OF COLUMBIA
Medicaid, DC Healthy Families
1-800-MOMBABY
www.dchealth.com

Karlene Baddy, Policy Analyst
Department of Health
Medical Assistance Administration
825 N. Capital Street NE, Fifth Floor
Washington, DC 20002
202-442-9108
fax 202-442-4790
kbaddy@dchealth.com

FLORIDA
Medicaid, Florida KidCare
1-888-540-KIDS
www.floridakidcare.org

Sarah Shernidden, Coordinator
Florida Department of Public Health HSFFM
2020 Capitol Circle, SE, Bin #A13
Tallahassee, FL 32399-1723
850-245-4475
fax 850-921-8650

Rose Naff
Executive Director, Florida Healthy Kids Corporation
850-224-5437
rnaff@healthykids.org

Dee Schaeffer
Executive Director of Healthy Families
904-323-0000
deanna.schaeffer@hme.halifax.org

GEORGIA
Peach Care for Kids
1-877-427-3224
www.communityhealth.state.ga.us

Jana Key
Director, Peach Care for Kids
Georgia Department of Medical Assistance
2 Peachtree, NW, 39th Floor
Atlanta, GA 30303
404-657-9506
fax 404-656-4913
JKEY@DCH.STATE.GA.US

Fran Ellington
Program Director, Department of Medical Assistance
404-651-9983

GUAM
Ma Theresa Arcangel, Acting Administrator
Bureau of Health Care Financing
Department of Public Health and Social Services
P. O. Box 2816
Agana, Guam 96910
671-735-7264 or 7269
fax 671-734-6860

HAWAII
Medicaid
1-800-ASK-2000

Diane Tachera, Public Relations Officer
P.O. Box 339
Honolulu, HI 96809-0339
808-692-8055
fax 808-692-8173

IDAHO
Medicaid
1-800-926-2588

DeeAnne Moore
Department of Health and Welfare
Division of Medicaid
P. O. Box 83720
Boise, ID 83720-0036
208-364-1909
fax 208-364-1846
mooredx@mmis.state.id.us

Marnie Basom
Outreach Coordinator
Department of Health and Welfare
Division of Medicaid
P. O. Box 83720
Boise, ID 83720-0036
208-364-1813
fax 208-364-1846
Basomma@mmis.state.id.us

ILLINOIS
1-800-226-0768
KidCare
www.state.il.us/dpa/kidcare.htm

Gretchen Pence Grieser
KidCare Outreach Coordinator
Illinois Department of Public Aid
201 S. Grand Avenue E.
Springfield, IL 62763
215-557-5043

INDIANA
Medicaid, Hoosier Healthwise
1-800-889-9949
www.state.in.us/chip/

Tracy Slinkard
Hoosier Healthwise Outreach Coordinator
Division of Families and Children, Office of Medicaid
MS 09 W363
402 W. Washington Street
Indianapolis, IN 46204
317-232-4943
tslinkard@fssa.in.us

IOWA
Medicaid, Healthy and Well Kids in Iowa (HAWK-I)
1-800-257-8563
www.hawk-i.org

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Division of Medical Services
Hoover State Office Building, 5th Floor
Des Moines, IA 50319
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KANSAS
HealthWave
1-800-792-4884

Bobbie Gruff-Hendrixon
HealthWave Coordinator
Department of Social and Rehabilitation Services
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915 S.W. Harrison St., Room 651 South
Topeka, KS 66612
785-296-7010

KENTUCKY
Medicaid, KCHIP
1-800-635-2570

Doris Goldstein
KYCHIP Outreach Coordinator
KY Cabinet for Health Services
275 E. Main Street
Frankfort, KY 40621-7130
502-563-9592
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LOUISIANA
Medicaid, LaCHIP
1-877-252-2447

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rkennedy@dhhmail.dhh.state.la.us

MAINE
Medicaid, CUB Care
1-800-543-7669
www.state.me.us/dhs/main/cc_menu.htm

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11 State House Station
Augusta, ME 04333-0011
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MARYLAND
Medicaid, Maryland Children's Health Program
1-800-685-5861
www.dhmh.state.md.us

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201 W. Preston Street
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wollmane@dhmh.state.md.us

MASSACHUSETTS
Medicaid, MassHealth
1-800-841-2900
www.state.ma.us/dma

Michael Richards
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
617-210-5736
fax 617-210-5697
Mrichards@nt.dma.state.ma.us

MICHIGAN
Healthy Kids, MIChild
1-888-988-6300
www.mdch.state.mi.us

Peggy Kapuscinski
Department of Community Health
Customer Services Division
P. O. Box 30479
Lansing, MI 48909-7979
517-335-5114

MINNESOTA
Medical Assistance, MinnesotaCare
1-800-657-3672
www.dhs.state.mn.us/infocenter/

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Outreach Grants Coordinator
Minnesota Department of Human Services
Federal Relations
444 Lafayette Road N.
St. Paul, MN 55155
612-296-4034

MISSISSIPPI
Medicaid-plus, Mississippi Heath Benefits Program
1-800-421-2408

Maria Morris
Division of Medicaid
239 Lamar, Suite 801
Jackson, MS 39201
601-359-4294
fax 601-359-6048

MISSOURI
Medicaid, MC+ for Kids Program
1-888-275-5308

Pamela Victor
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Department of Social Services
Division of Medical Services
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Jefferson City, MO 65102

MONTANA
CHIP
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www.dphhs.state.mt us/

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fax 406-444-4533
manoel@state.mt.us

NEBRASKA
Medicaid, Kids Connection
1-877-632-5437
www.hhs.state.ne.us/med/kidscnx

Deb Scherer
Kids Connection Program Manager
HHS Finance and Support
P. O. Box 95026
Lincoln, NE 68509-5026
402-471-0122
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NEVADA
Nevada Check Up
1-800-360-6044

Terry Pozzi
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1100 E. William Street, Suite 116
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tpozzi@govmail.state.nv.us

NEW HAMPSHIRE
Medicaid, Healthy Kids Program
1-877-464-2447

Jane Goodman
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25 Hall Street, Suite 303
Concord, NH 03301-4944
603-228-2925, ext. 227
fax 603-228-8940

NEW JERSEY
Medicaid, NJKidCare
1-800-701-0710
www.njkidcare.org

Michele Walsky
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Division of Medical Assistance & Health Services
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Trenton, NJ 08625
609-588-3526
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mdwalsky@dhs.state.nj.us

NEW MEXICO
Medicaid, New Mexikids
1-888-997-2583

Shauna Steele
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shauna.steele@state.nm.us

NEW YORK
Child Health Plus
1-800-698-4543

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Empire State Plaza
Albany, NY 12237-0722
518-473-0566
fax 518-486-5796
rmb01@health.state.ny.us

NORTH CAROLINA
NC Health Choice for Children
1-800-367-2229
www.sips.state.nc.us/dhr/dma/cpcont

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Division of Public Health
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NORTH DAKOTA
Medicaid, Healthy Steps
1-888-222-2542

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OHIO
Medicaid, Healthy Start
1-800-324-8680

Brenda Lucas
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614-728-8476

OKLAHOMA
Medicaid, Sooner Care
1-800-987-7767

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Family Support Services
Department of Human Services
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OREGON
Oregon Health Plan
1-800-359-9517

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PENNSYLVANIA
Children's Health Insurance Program
1-800-986-5437
www.insurance.state.pa.us/html/chip.html

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Medicaid, Health Care Reform

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RHODE ISLAND
Medicaid, Rite Care
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Medicaid, Partners for Healthy Children Program
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TEXAS
Medicaid, State Children's Health Insurance Program
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CHIP
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Children's Health Insurance Program
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Medicaid, Dr. Dynasaur
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VIRGINIA
Children's Medical Security Insurance Plan
1-877-822-6747
www.cns.state.va.us/dmas/CMSIP/TOC_cmsip.htm

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WEST VIRGINIA
Medicaid, Children's Health Insurance Program
1-877-WVA-CHIP
www.wvdhhr.org

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Medicaid, BadgerCare
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WYOMING
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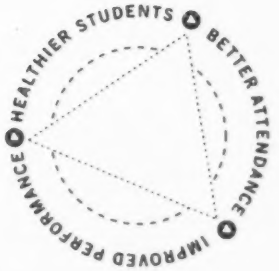
TOOLS

DETAILS + SAMPLES + WORKSHEETS



T
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Sample job description
for Medicaid and Children's Health Insurance Coordinator

The coordinator will assist the Office of the Superintendent to put in place outreach activities in target schools to help families learn about Medicaid and the State's Children's Health Insurance Programs.

Specifically, the coordinator will:

- Meet with the superintendent, other staff, and the State Medicaid or children's health insurance office to identify activities for the district and identify possible/ potential partners
- Contact local community organizations or health care providers to identify a partner for helping enroll children in insurance (or assist schools to contact organizations) .
- Select pilot or target schools that have children in need of health insurance, where activities should be initiated
- Draft a letter from the superintendent to each target school principal informing him/her of the district's focus on outreach
- Identify a contact person in each target school and compile a contact list
- Work with school contacts to develop plans for conducting outreach over the course of the school year at each target school, and stay in regular contact with the schools
- Facilitate communication between the superintendent's office, target schools, and the State Medicaid or children's health insurance agency
- Order printed materials from the State Medicaid and the children's health insurance agencies, and forward them to each target school
- Photocopy the "pull-out" school section and send a copy to each target school principal
- Regularly inform the superintendent and the State Medicaid and children's health insurance agencies of district activities to promote children's health.

T2 Contact list worksheet

Establishing partnerships and sharing information are the keys to successful outreach. There are many people who can assist you in distributing information, and identifying and following up with families who need children's health insurance. Once completed, you may want to make copies and send it to each school in which you are working.

Potential Internal Partners

Who are your champions?

Is there someone who is passionate about children's health? It may be the school principal, a nurse, or maybe a health or physical education teacher or school lunch supervisor.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Who on the school board needs to know about your outreach?

Keeping everyone informed is an important part of the process. Find out which board member puts a high priority on children's health insurance.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Do your target schools have a Head Start or daycare program? If so, who should you contact?

Don't forget non-traditional programs. Head Start or other children's programs are great places to reach parents with information.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

BEST COPY AVAILABLE

Contact list worksheet (con't)

T 2

Potential Internal Partners

Do your target schools have a community education or adult GED program? If so, who should you contact?

Adult education is a great place to find families who may need assistance.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Does your athletic director or coaching staff need information about children's health insurance? Who is the contact?

Many athletic programs require physicals. This may be a good time to distribute application information.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Who is the food service manager?

Working with the school lunch program is a way to identify children who may be eligible for your State's health insurance program. Working closely with the food service director is essential.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Who else at the school wants to know?

Include the names and numbers of counselors, nurses, administrative staff, or student leaders who you think should stay informed about outreach activities and events.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

BEST COPY AVAILABLE

T 2

Contact list worksheet (con't)

Potential External Partners

Who do you work with from your State Education Agency?

Your SEA may be able to facilitate interagency agreements and provide technical assistance.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Which health care providers, social service agencies, and organizations in your district already work in children's health insurance outreach?

Call your State Medicaid agency for a list of participants in your area.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Is there a contact at your local health department?

Your local health department is often active in school health events. Who have you worked with in the past?

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Contact list worksheet (con't)

T 2

Potential External Partners

Are there potential contacts at your local hospital(s)?

Many hospitals have outreach or community education programs.This partner could lead you to an on-site nurse or other staff member to handle enrollment.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Who is your State Medicaid agency contact?

You can find your State contact in the Resources section. In some States, a separate agency manages the low-cost children's insurance program. Be sure to include this agency as well.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Who else wants to know?

Keep your community informed. Add names of community members, businesses, or media contacts that you want to know about your outreach program.

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

Others.

(e.g. community members, business, and media contacts)

Name: *Email:*

Address: *Phone:*

Name: *Email:*

Address: *Phone:*

T 3

Sample letter to principals

Office of the Superintendent
Countywide Unified School District
Anytown, ST 99999

September 22, 2000

Dear [School Principal]:

Nearly 10 million children throughout the United States today are not covered by health insurance. Many of these children suffer from preventable illnesses. Students who don't feel well cannot do their best in school every day, and often they make it hard for other children to learn, too.

Healthier students. Better attendance. Improved performance. These are the kinds of results your school wants. There are actions we can take now to help our children improve their health and, in the process, improve their ability to learn. Recent Federal legislation gives low-income and working families an opportunity to apply for free or low-cost health insurance that will allow their children access to the services they need. Unfortunately, many families continue to be unaware of this opportunity. What can we do?

At the district level, we have committed ourselves to establishing outreach programs district-wide and in schools that serve low-income families. We have access to families in our communities who may need children's health insurance, and we can help let them know where to find it. [Coordinator name] will be serving as our children's health insurance contact here in the district office. He/she will be contacting you for your assistance in promoting insurance in your school. Attached is a preliminary list of outreach activities we will be undertaking this year.

The enclosed guide will help you determine which strategy might work for your school specifically. There are several options you may want to explore. Please take a look. Then give us a call and let us know how we can help you. [Coordinator] can assist you in developing your own school outreach plan and finding appropriate brochures and flyers, or simply answering questions you may have about Medicaid and other children's health insurance programs.

Together we can guarantee that our children are ready to learn!

Sincerely,
Superintendent

Contact information:
[coordinator and phone number]
Attach initial description of district outreach plans

Making your own flyer

T 4

If your State does not have appropriate flyers or brochures for your district, you may wish to reach parents by creating your own. Perhaps you need materials in another language (such as Hmong or Russian), or you want to include specific information about your school to increase parents' feelings of trust. Creating an effective flyer requires some thought and effort—just like creating a good lesson plan. Below are the steps to create a flyer that works.

Before you begin, be sure to establish the following:

- Who will write the flyer?
- How will you distribute it?
- How will you pay for it?

Step 1: Identify and know your parents

The parents in your district come from many backgrounds. To get their attention, you need to create something that speaks specifically to them. That is why understanding them is the first, and most important, step in creating a flyer. Here are some things to think about:

- Exactly which parents do you want to sign up for children's health insurance? Consider the jobs they hold, where they live, and their ethnicity.
- What type of material works best for them? Consider what language they speak and their level of literacy; think about what appeals to them.
- What is the best way to get the flyer to them?

If you find that you have several different groupings of parents in need (such as Latino families, single parent homes), you may wish to make separate flyers that speak to each.

Step 2: Identify the advantages of health insurance

People take action when it benefits them. So before they'll enroll their child, parents must first see the advantages of health insurance. And knowing your parents (from Step 1) will help you better understand what they may see as the benefits of children's health insurance. In all your materials, be sure to highlight these benefits from their point of view.

Step 3: Select an action for parents to take

When you distribute information to help people stay healthy or take advantage of programs, ask them to do something: sign up, come to the program, get involved. To encourage this, show parents a specific action that they can take.

Signing up for health insurance is a complex decision and involves a complicated application process. Sending parents a flyer will probably not directly lead parents to fill out an application form. However, it may encourage them to take a smaller step that will lead toward enrollment.

T 4

Making your own flyer (con't)

Such steps could be:

- Calling the State toll-free number for more information,
- Submitting their names and addresses and signing releases to get more information, or
- Coming to the school office to pick up application forms.

To select the action that is easy for your parents to do, think about what you've learned about them. What actions are they taking now? What other outreach activities are going on to which you can direct these parents? Answering these questions will help you decide what action to emphasize in the flyer.

Step 4: Write your material

Review all the information you've gathered in Steps 1 through 3. The chart on page 54 can help you summarize what you've learned.

When you write and design your flyer, be sure to make it appealing to the parents you are trying to reach. Highlight the benefits of health insurance and encourage them to take the action step you've suggested. The two samples on pages 56-57 show how these elements—audience, benefit, and action—can be incorporated into a flyer.

Step 5: Pretest the material

Before you spend time and money making thousands of copies and sending them out, it's always a good idea to see what potential members of your audience think about your flyer. This is called a "pretest."

Have a few parents look at it. Make sure it works for them and that there is nothing offensive in it. You can approach parents for this help when they are on school grounds, or you can ask an outreach worker to talk to the parents about it.

Here are a few questions you can ask parents to check that your material is on the right track:

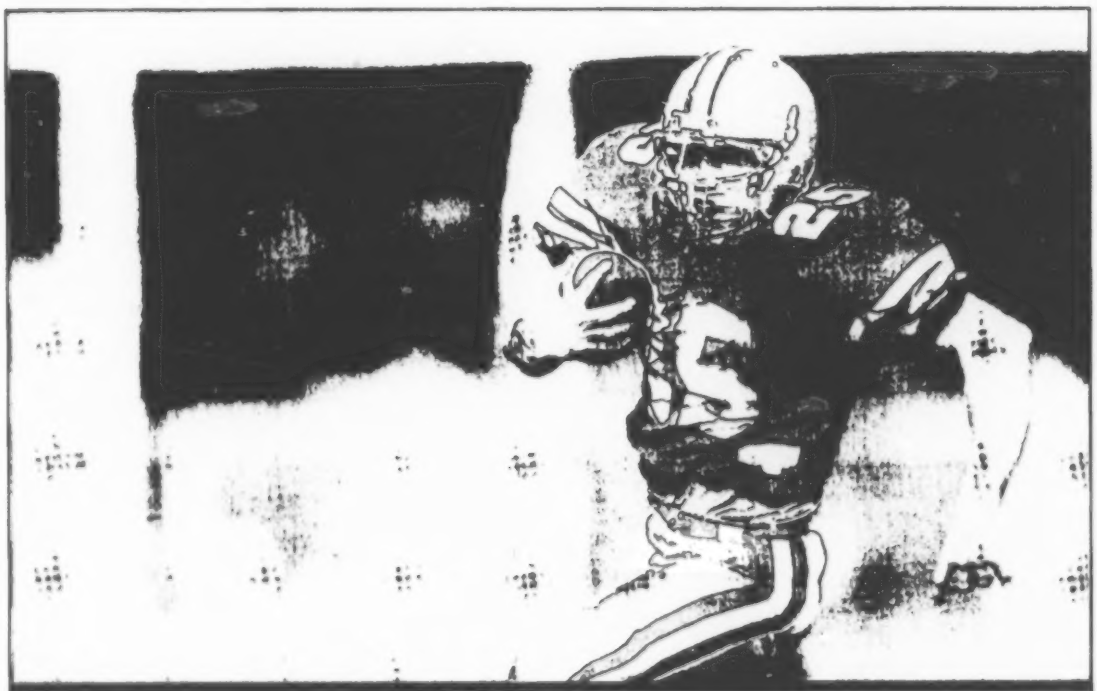
- Is this flyer for parents like you and your friends?
- What do you like/not like?
- What's confusing?
- What is the flyer asking you to do?
- Could you do it?
- What's offensive?
- Is it written in language that other parents like you could read and understand?

Planning your flyer worksheet

T 4

Identify and know your parents	Identify the advantage for them	The action
Specifically, which families need insurance? Describe the characteristics of the parents you are trying to reach.	*Describe an advantage to having health insurance that really means something to these parents.*	*Pick ONE specific action toward enrolling in health insurance that these parents can do easily.*
Type of job/lifestyle:	❑ saves money on doctor's visits	❑ call the State's toll-free number to find out more
Language/literacy:	❑ peace of mind/know that parents have health care when families need it	❑ call the State's toll-free number to enroll
How much they know about free or low-cost health insurance or perceptions about insurance:	❑ control	❑ go to the office and pick up an application
Best way to get a flyer to them:	❑ responsibility	❑ talk with an outreach worker
Feeling or tone of the flyer that would appeal to them:	❑ kids will stay healthy	❑ talk with a counselor or school nurse
People or situations that may influence them:	❑ kids with chronic illnesses (such as asthma) will get regular care	❑ talk with their family about enrolling
	❑ kids can play sports	❑ fill out the release below to have someone contact you for more information
	❑ better future	▪ *if you are asking parents to call someone, provide them with all information they need to do that*

Sample flyer



THERE ARE MANY WORTHY OPPONENTS.

HEALTH INSURANCE SHOULDN'T BE ONE OF THEM.

Audience
Teen athletes
↓ their families

If you're an athlete, you belong in the game. And nothing should get in your way. Especially health coverage. The problem is, many families just don't have health coverage. If that's the case and you become injured during play, your family can get stuck with some serious medical bills. But that doesn't need to happen. The Commonwealth of Massachusetts now offers a variety of health care options designed to cover students previously without health care coverage. Which means you can continue **to play the sports you love. Call 1-877-KIDS-NOW to investigate the options with your family and decide which is best for you.**

Benefit
to play
sports

JUST CALL 1-877-KIDS-NOW

Action
Call for
information

BEST COPY AVAILABLE

Sample flyer

Translation: Your child's health is important. There are many working parents who can't get quality medical care for their children. Now there's a new health insurance called Healthy Kids. Your monthly premium is based on your income. This program covers a variety of medical services. If your monthly income is $2,700 or less, you may qualify for this insurance. Call 1-877-543-7669 and learn about Healthy Kids. Healthy Kids: Quality medical care for your children.

Audience
working parents
who speak
Spanish

Benefit
Quality Medical Care

La salud de su hijo es importante.

Hay muchos padres que trabajan que no pueden obtener un buen cuidado médico para sus hijos. Hoy existe un nuevo seguro de salud que se llama Healthy Kids. Este programa cubre una gran cantidad de servicios médicos. Su pago mensual es de acuerdo a su sueldo.
Si el ingreso familiar mensual es de $2,700 o menos, usted puede calificar para este seguro.

Llame gratis al 1-877-543-7669 e infórmese sobre Healthy Kids.

Healthy Kids: Atención médica de calidad para sus hijos.

Action
Call for
Information

BEST COPY AVAILABLE

T5

Problem solving with the National School Lunch Program

Thinking about linking your health insurance outreach with the National School Lunch Program? The school lunch program has built trust with families—and health insurance outreach should not jeopardize this relationship. Prior to disclosing names of children eligible for free and reduced price lunches to Medicaid or the State children's health insurance program, parents must be notified and given the opportunity to elect not to have their information shared. Here are some tips to help overcome these confidentiality hurdles while reaching a targeted audience with your outreach activities.

Concern: Distributing information in school only to children eligible for free and reduced price lunches identifies students and violates confidentiality restrictions.

Solution: You can eliminate worries about singling out children who are eligible for free and reduced price lunches by sending information about health coverage at the same time as school lunch applications are distributed to all families. Promotional materials could specify that any child who qualifies for free and reduced price meals is likely to be income-eligible for health coverage. This tactic ensures that all kids—even if they don't qualify for free and reduced price lunches—have been informed of health insurance opportunities and that children are not singled out at school by receiving a flyer that their friends may not receive.

Concern: We did not include health insurance information in our mass-mailing of school lunch applications. Can we still contact families that are eligible for free and reduced price lunches?

Solution: Yes! Send information about child health coverage to all families or ask food service to send information to families identified as eligible for free or reduced price school meals. Your Medicaid agency or the children's health insurance outreach coordinator can supply brochures to be included in the mailing—regardless if they are to all families or just to those identified.

Concern: What about schools that no longer use applications; how do you deal with them?

Solution: Target the entire school population if a high proportion is likely to be eligible.

Using emergency contact cards

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Many schools require that all students fill out an emergency contact card at the beginning of the school year. This card—which contains information on how to contact parents in the case of an emergency and information on any medications a child is taking—can be an easy way to determine which students lack health insurance.

By allowing parents and guardians to sign a release and request more information, you can either send them more information about children's health insurance or pass their names on to an outreach worker or partner organization for follow up.

Below is an example of a health emergency card from the San Diego (CA) school district. (The back side of the card is in Spanish.)

SAN DIEGO UNIFIED SCHOOL DISTRICT
HEALTH INFORMATION EXCHANGE CONSENT

Child's Name: _____ Birthdate: _____
Last First Middle Month/Day/Year

School: _____ Grade: _____ SS#: _____

Health Problem/Allergies: _____

Medication: _____ Dosage: _____

Physician's Name/Clinic: _____ Telephone #: _____ ❑ No Physician

Health insurance plan: _____ ❑ No Health Plan
(If Medi-Cal, Healthy Families, or other health plan, please write name of health plan)

❑ I would like to learn more about health insurance for my child; you may release my name, address and telephone number to an authorized insurance enrollment worker.

To help school/medical providers in the coordination of my child's health and academic success, I give permission for San Diego Schools, my child's doctor, and health insurance plan to exchange health information as needed. (Example: chronic medical conditions, recent hospitalizations, medications and medical procedures at school, immunization data, vision/hearing screening results.)

_____ _____ _____
Parent/guardian signature or Authorized representative of minor student | Parent/guardian name (print) | Date

Please check if you would like the school nurse to provide the following over-the-counter medications: Advil, Motrin, Tylenol, and Calamine lotion to your child as appropriate: ❑ Yes ❑ No

_____ _____ _____
Parent/guardian signature or Authorized representative of minor student | Parent/guardian name (print) | Date

Phone #: ( ) _____ ( ) _____
Area code Home Area code Work

09/1/99
22-11-0714

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T7

Partners who can help
(and what's in it for them)

You don't have to do it alone. Other organizations can offer the resources you need for effective outreach—resources such as money, people, and insurance expertise. Some partners can take the lead, asking you for little more than an endorsement, coordination, and some space. Or you may have to seek out others to fill your outreach needs.

How do you choose a partner? Below are some criteria to consider when selecting one that is right for your district.

The organization:

- has values and mission consistent with improving health care access for families in your district
- has a good working relationship with your district or schools
- regularly serves or reaches poor families or other families that lack health insurance
- is culturally appropriate to work with potentially eligible families
- understands your States' Medicaid and Children's Health Insurance Program and how the enrollment process works
- has adequate funding and other resources to conduct outreach and follow-up through your schools
- has already successfully enrolled families
- has staff with experience working with poor families and understand their needs and situations
- has trained staff who can help families complete the application forms
- has trained staff who can negotiate the insurance system to follow up on completed applications
- has management and supervisory systems in place to oversee outreach workers that are placed in your schools and available to receive feedback from your staff
- has systems and staff in place to track applications, monitor progress, and conduct evaluation activities.

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Partners who can help (con't)

Every partner is different, but below are some common examples. See if one is right for your district. Use the third column when approaching new partners to children's health insurance outreach.

Possible partner	What they could offer	What's in it for them
Your State Medicaid agency or the agency that administers the Children's Health Insurance Program (may be different, depending on your State)	⊙ funding ⊙ staff or outreach workers ⊙ technical assistance and training ⊙ materials	It is their mission to ensure enrollment and access to care for your low-income students.
Your local health department	⊙ funding ⊙ staff or outreach workers ⊙ technical assistance ⊙ materials	It is their mission to promote health care for your students and their families.
Local hospital	⊙ leadership ⊙ funding ⊙ outreach workers ⊙ media support ⊙ insurance expertise ⊙ data analysis Hospitals have a financial interest in making this work, so spending money on outreach can be a good investment. Many hospitals also have considerable resources, including community relations departments and a relationship with the media.	**Reimbursements.** Uninsured patients often arrive in emergency rooms unable to pay for services. By law, hospitals can't turn them away. Some would never need emergency care if they had proper primary care. When children are insured, they can get that primary care and, if they do arrive in the emergency room, their bills get paid.
Local clinic	⊙ leadership ⊙ funding ⊙ outreach workers While they usually don't have the kind of resources a hospital might offer, many clinics are already engaged in outreach and would be eager to expand into a school setting.	**Reimbursements.** Like hospitals, many clinics provide care to patients who can't pay the bill. Also like hospitals, they have an interest in seeing kids get checkups and other forms of primary care.

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Partners who can help (con't)

Possible partner	What they could offer	What's in it for them
Businesses	⊙ leadership ⊙ funding ⊙ insurance expertise ⊙ business expertise ⊙ link to the business community If truly committed, business groups can offer critical resources and business expertise.	**Improved community relations.** Providing health insurance to children is a popular and non-controversial cause for business groups or businesses interested in expanding their role in the community. Also, they may want to strengthen their relationship with the school district.
Insurance company or managed-care provider	⊙ leadership ⊙ funding ⊙ outreach workers ⊙ media support ⊙ insurance expertise ⊙ data analysis Insurers and providers have a financial interest in making this work, so spending money on outreach and community relations can be a good investment. Insurers have considerable resources, including community relations departments and a relationship with the media.	**New customers.** Insurance companies and managed care organizations (also called health maintenance organizations or HMOs) rely on new customers to expand their business. Many of your local insurance companies have contracts to serve families using Medicaid and State Children's Health Insurance Programs. Managed care plans are paid for each enrollee, and children are relatively easy to reach.
Community-based organization	⊙ leadership ⊙ outreach workers ⊙ experience with a particular community You may have relationships with community organizations already. This is a chance to strengthen and expand those relationships.	**Offering a new service to their constituency.** Many community groups, especially those that serve the poor, want to help their clients access the health care system. Also, many are interested in strengthening their relationships with schools.

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Partners who can help (con't)

Possible partner	What they could offer	What's in it for them
Youth-serving organization	Same as other community organizations.	**Keeping children healthy.** Youth organizations know the importance of healthy children, and the many risks and challenges that young people face. Helping enroll children in health insurance can be part of their mission.
Your State education agency	⊙ technical assistance and training ⊙ facilitating partnerships and inter-agency agreements	**Learning about new initiatives and outcomes in schools.** The State education agencies increasingly support efforts to improve the students' total learning environment (health being one key factor).

T 8 Possible roles of each partner

Partner's role	District/School's role
Strengthening and managing the partnership ⊙ host and schedule regular meetings of the partners ⊙ share information ⊙ prepare proposals and apply for outside grants ⊙ fiscal management ⊙ work with the press or answer other community inquiries about the partnership	**Strengthening the partnership** ⊙ attend regular meetings of the partners ⊙ share information ⊙ use resources efficiently
Identify and provide funds and resources ⊙ assign staff: contact person, outreach workers, and others (managers/supervisors, clerks) ⊙ provide materials (purchase brochures, order free from State, or produce) ⊙ ensure access to other supplies (access to copy machine, postage, office supplies)	**Identify and provide resources** ⊙ assign staff: contact person, school counselors or nurses, others who can participate in orientations and outreach events ⊙ ensure access to other supplies (access to copy machine, postage, office supplies) ⊙ provide space for outreach workers (office in the school with desk and telephone, closed door for meetings with parents)
Assess the situation/collect information ⊙ process information received through school (enter in database or other mechanism) ⊙ use information to send information or contact families	**Assess the situation/collect information** ⊙ collect information (such as school lunch applications or by reviewing health emergency cards) ⊙ ensure parental/guardian releases of information ⊙ pass information on to partner

T 8

Possible roles of each partner (con't)	
Partner's role	**District/School's role**
Conduct outreach ⊙ schedule outreach activities ⊙ coordination with school events ⊙ distribute materials ⊙ follow up with families to answer questions, complete applications, get necessary documentation ⊙ conduct home visits with hard-to-reach families ⊙ deliver completed applications to the Medicaid office ⊙ follow-up with Medicaid office to assess status of applications ⊙ follow-up with enrolled families to help them access health care ⊙ follow-up with disenrolled families to help them re-enroll	**Conduct outreach** ⊙ participate in outreach activities ⊙ distribute materials and applications ⊙ provide access to parents (school hours, options for extended or after-school hours for parents)
Keeping track ⊙ monitor activities and document counts ⊙ document progress and results ⊙ conduct outcome evaluation ⊙ track expenses and assess cost-benefit of activities	**Keeping track** ⊙ count cards, flyers, forms, or other materials distributed or received through school

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Sample letter of agreement

April 17, 2000

Superintendent
Countywide School District
City, ST 99999

RE: Letter of Agreement

Dear Dr./Mr./Mrs./Ms. [Superintendent],

The Campaign for Kids would like to partner with the Countywide School District to ensure that all children and teenagers in the district have health coverage. On April 7, 2000, Ms. Z, manager of the campaign, met with Drs. xx and yyy to explore a partnership that all agreed would benefit the district. Using campaign funds and matching them through the district's administrative match agreement, you would hire or assign personnel to identify and enroll uninsured children and teenagers within the district. The campaign would also invite a Countywide School District representative to become a member of our steering committee.

The Campaign for Kids offers the County wide School District $ for the 2000-2001 school year. This funds salaries and benefits for one-half of a Full Time Equivalent (FTE) school nurse for $, and one-half of an FTE secretary for $. The FTE school nurse could be one person, or portions of a group of nurses working in the district or district level. The monies being contributed to the district would be matched administratively through the Medical Assistance Administration at 50 percent. Thus the total FTEs working to identify and enroll children and teenagers would be one FTE school nurse and one FTE secretary.

The $$$ would be sent directly to the Countywide School District and matched accordingly. As part of this agreement, the district would submit quarterly expenditure and activity reports to the campaign in a form acceptable to the campaign.

Personnel at the Countywide School District would supervise the two FTEs funded through this partnership. The scope of work includes:

(1) Use the "best outreach/enrollment efforts" of each FTE to meet the goal of enrolling XX children and teenagers per month;

(2) Meet regularly with the campaign's outreach team leader to strategize and overcome outreach/enrollment barriers;

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Sample letter of agreement

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(3) Attend monthly meetings of the Campaign Outreach Team at least four times per year;

(4) Participate in the Client Activity Tracking System to document county-wide enrollment efforts; and

(5) Complete monthly outreach/enrollment reports to the campaign.

We will continue to work with your district representatives and begin planning and implementing strategies to identify and enroll uninsured children and teenagers in the County area. Please sign below to indicate your agreement to partner with the campaign as described above. If you have any questions or comments, please call the campaign manager at (xxx)xxx-xxxx.

Sincerely,

Campaign Director
Campaign for Kids

cc:

I accept this Letter Agreement on behalf of the Countywide School District.

Signature Date

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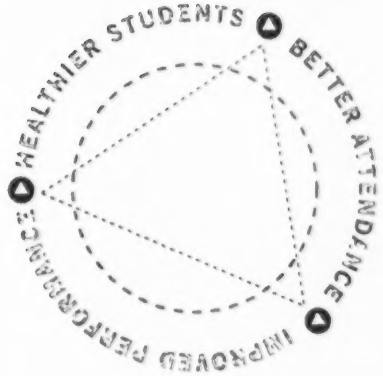

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